This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
2/24/23	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Zito West Holding LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		Zito Media						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO Box 665 (Number, street, rural route, apartment, or suite number)						
		Coudersport, PA 16915 (City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B						
System		IDENTIFICATION OF CABLE SYSTEM:						
Zito Media - Unionville								
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito West Holding LLC	637
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	list will serve as a form of system identification nereafter kno
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses helpy the
Area	identified city.	e nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Union Township	PA
Community	Huston Township	PA
•	Fleming Borough	
Rows as Necessary	Tronning Dorough	
nows as necessary		

Accounting Period: 2022/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

SYSTEM ID# 63708

Ε

Secondary Transmission

scribers and

Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	77	17.00				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
					1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
 Additional set(s) 	20.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63708

Zito West Holding LLC

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

23 Altoona PA **WATM** WHVL 29.1 I State College PA 6 **WJAC** Johnstown PA **WKBS** 47.1 Altoona PA **WPSU** 3 Clearfield PA Ε **WTAJ** 10 Ν Altoona PA **WWCP** 8 Johnstown PA Ν

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

Accounting Period: 2022/2	FORM SA1-2E. PAGE 4.
---------------------------	----------------------

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

63708

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 				 	
		ļ				 	
		<u> </u>				ļ	
		T				[
							
	 	 					
	 	 					
	 	 					
	 	 					
		 				 	
		ļ					
		<u> </u>				ļ	
							
	 	 					
	 	 					
	 	 					
		 					
		ļ					
		ļ				 	
		<u> </u>				ļ	
		T				[
	1	l					
	 						
	 	 					
	 	 					
		 				 	
		ļ				 	
		<u> </u>				ļ	
		T				[
		1					
		1					
	 						
	 	 					
	 						
		 					
		 					
		<u> </u>				<u> </u>	
	1	1					

A	-1-2022/2								500	101105 01055	
Accounting Perio	od: 2022/2 LEGAL NAME OF OWNER OF	CARLESVS	TEM:						FOR	SYSTEM ID#	
Name	Zito West Holding LL		o i ∟ivi.							63708	
										00700	
 Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm	tify every no	nnetwork telev period, under sp	ision pecific	program, broadcast by c present and former F	a distant sta CC rules, reg	gulations,	or auth	horizatio	ns. For a further	
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITU	ITE CARRIAGE						
Special Statement and Program Log		• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
	Note: If your answer is "No	o", leave the	e rest of this pa	age b	lank. If your answer is	s "Yes," you	must con	nplete	the prog	gram	
	log in block 2.										
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp. Column 1: Give the tittle period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976	etitute progra ace, please of every no a distant sta egulations, or ries like "mo . Bulls." m was broa sign of the adcast stati nadian stati nth and day vive "5/7." les when th. . Example:	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask adcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pr a program car e listed prograr ions in effect of	I row vision your cons. Seetba eer "Y castir the constem rogral ried I	s to the tables. In program ("substitute cable system substitute ee page (v) of the ger III." List specific programes." Otherwise enter "and the substitute programmunity to which the incarried the substitute in was carried by your by a system from 6:01 is substituted for programments of the substituted of the substituted is substituted for programments.	e program") the proper instruction titles, for a fixed for the program. It is station is like a station is like program. Up a cable system in the	that, during ogrammitions for the example, censed by the dentified). It is the control of the co	ng the ng of a further "I Lov by the land a rals, we have time a me time in the land a rank th	account another informare Lucy" FCC or, with the reseaccur ould be was requisited principle.	ing station tion. or in nonth ately	
	,		E PROGRAM	1			N SUBS			7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONTH	6	. TIME	S	DELETION	
		Yes or No	CALL SIGN	4. 8	STATION'S LOCATION	AND DAY	FROM	_	ТО		
		ļ	 	 							
				ļ			ļ				
										,	
								_			
										'	
											
				ļ							
										,	
								_			
			L								

counting Period:	2022/2 FOR	M SA1-2E. PAGE								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SYSTEM II								
	Zito West Holding LLC	637								
17	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total	l of								
K Bross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se	ice								
	page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)									
	during the accounting period	18,887.53								
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount	of gross receipts)								
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:									
Copyright	Complete block 1, block 2, or block 3.									
Royalty Fee	 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 									
	 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 									
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS									
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mor accounting period is \$52.00	יו								
	Line 1. Royalty fee for accounting period	52.00								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00								
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)									
	1. Base amount under statutory formula									
	2. Enter amount of gross receipts from space K									
	3. Subtract line 2 from line 1									
	4. Enter the amount of gross receipts from space K	<u> </u>								
	5. Enter the amount from line 3	_								
	6. Subtract line 5 from line 4	_								
	7. Multiply line 6 by .005 (enter figure here)									
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)									
	1. Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula									
	3. Subtract line 2 from line 1									
	4. Multiply line 3 by .01	<u> </u>								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>0_</u>								
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0_								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6									
	FILING FEE AND TOTAL REMITTANCE DUE									
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>0</u>								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	0_								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00								
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Cop	yrights!								
	See page i of the general instructions in the paper SA1-2 form for more information.									

Accounting Period:	2022/2						FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW Zito West Holdin	VNER OF CABLE SYSTEM:					SYSTEM ID# 63708
M Channels	to its subscribers, a 1. Enter the total no system carried tel 2. Enter the total no on which the cable	and (2) the cable system's to umber of channels on which	the cable	in which the cable system carried te of activated channels during the ac	counting period.	ons	7 69
N Individual to Be Contacted	we can contact abo	BE CONTACTED IF FURTHE out this statement of account Teri McMullen		MATION IS NEEDED (Identify an inc		244 260 042	4
for Further Information	Address	PO Box 665 Number, street, rural route, apartm	nent, or suite no	umber)	Теїерп	none 814-260-043	
		Coudersport PA 1691 City, town, state, zip) teri.mcmullen@:		com	Fax (optional)		
O Certification	• I, the undersigned (Owner of	the than corporation or particular than the p	ne, <i>but only o</i> artnership) l tion or parti	ed and signed in accordance with C one, of the boxes.) I am the owner of the cable system a cnership) I am the duly authorized ag a corporation or partnership; or	as identified in line 1 of sp	pace B; or	ed
	X (Officer			on) or a partner (if a partnership) of the	he legal entity identified a	as owner of the cable s	ystem
		and correct to the best of my		are under penalty of law that all state information, and belief, and are mad		herein	
			Enter an elec	ectronic signature on the line above to cure using an "/s/ signature" (e.g., /s/ J		_	
		Typed or printed	name: J	James Rigas			
		Title: (Title of off		neld in corporation or partnership)			
		Date:			02/27/2023		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period: 2022/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Zito West Holding LLC	63708
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.